

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

Statement Information		
Date: 09/28/2016	C000868	2
Type: New 📝 Amended (if amending, enter MEC	ID C000868 & section changed	3)
Committee Information		
American Family Political Action Commi	ttee - MO	
P.O. Box 1925, Jefferson City, MO 6510		6 ₎ 364-1541
Committee Mailing Address, City, State, & Zip	Cole County	one Number
Committee Type: Campaign Candidate Co	County Clerk or Board of Election Commissioners ntinuing (PAC) Debt Service Exploratory	Political Party
Treasurer/Deputy Treasurer Information		
Stacey Skinner		
Treasurer's Name (First & Last)		0.40.4400
4802 Mitchell Avenue, Saint Joseph, MO 645		3)242-4100
Treasurer's Mailing Address, City, State, & Zip David Monaghan	Treasurer's Home Telephone Number Treasure	er's Work Telephone Number
Deputy Treasurer's Name (if one appointed)		
P.O. Box 1925, Jefferson City, MO 6510	2 (573)634-7659 (573	3 ₎ 556-3525
Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number Dep. Tre	asurer's Work Telephone Number
Additional Committee Information		
Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address, City, St	ate, & Zip
Connected Organizatio American Connected Organizatio Connected Organiza	Connected Organization's Mailing Address, City, State, 8	k Zip
CANDIDATES: Do you have more than one candidate co	mmittee? Yes (refer to instructions on back)	No
Official Bank Account Information (required by all com	mittees)	
		-
Candidate Supported or Opposed (candidate committee	ees must include self, if candidate)	
	())
Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Only)	
Election Date Office Sought & Political Subdivision	Political Party Support of	or Oppose
Rallet Measure Supported or Opposed (sampaign sem	mittees must complete this section	
Ballot Measure Supported or Opposed (campaign com	mittees must complete this section)	
Name of Ballot Measure	Election Date & Political Subdivision Support of	or Oppose
	all committees)	
Signature(s) Check certification(s) & sign (required by		
I affirm and attest under penalty of perjury that inform further acknowledge that I am aware that any false state		
Turther at anowieuge that I alli aware that any false state	ment of decidiation made herein is punishable	under Cir. 3/3 NJIVIO.
Du Du	Cardidate (Cardidate Correllina Calul	
Committee Treasurer	Candidate (Candidate Committees Only)	